



STATE OF WASHINGTON
APPLICATION FOR CHANGE/TRANSFER
OF WATER RIGHT

RECEIVED
MAR 12 2013
DEPARTMENT OF ECOLOGY
EASTERN REGIONAL OFFICE

For filing with the Department of Ecology or with County Conservancy Boards

A NON-REFUNDABLE MINIMUM FEE OF \$50.00 PAYABLE TO THE DEPARTMENT OF ECOLOGY MUST ACCOMPANY THIS APPLICATION

(Check all that apply.)

- ☐ Change purpose(s) of use
☐ Add purpose(s) of use
☒ Change point(s) of diversion/withdrawal
☒ Add point(s) of diversion/withdrawal
☒ Change/transfer place of use
☐ Other (i.e. consolidation, intertie, trust water)

Explain: _____

FOR OFFICE USE ONLY

CHANGE No. CG3-031400 WRIA 41
DATE ACCEPTED 4 / 22 / 2013 BY KRyf
FEE \$ 50.00 REC'D 3 / 14 / 2013
CHECK No. 39580 HQ
ECY Coding: 001-002-WR10285-000011
SEPA: ☒ Exempt ☐ Not exempt
OGWMS

****IF MORE SPACE IS NEEDED, ATTACH ADDITIONAL SHEETS (PLEASE PRINT OR TYPE CLEARLY)****

1. Applicant Information:

APPLICANT/BUSINESS NAME Big Dog, LLC (Blaine Hirai)	PHONE NO. (509)	FAX NO. ()
ADDRESS 2567 Road K NW		
CITY Quincy	STATE WA	ZIP CODE 98848

CONTACT NAME (IF DIFFERENT FROM ABOVE) Ed Kemp (H2O4U Consulting)	PHONE NO. () 750-1865	FAX NO. ()
ADDRESS 524 N. Bluff West Dr		
CITY Moses Lake	STATE WA	ZIP CODE 98823

2. Water Right Information:

WATER RIGHT OR CLAIM NUMBER All of QB-1400 (see items 4 & 5 below)	RECORDED NAME(S) Fancher Land and Investments, LLC
DO YOU OWN THE RIGHT TO BE CHANGED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
IF NO, PROVIDE OWNER(S) NAME and ADDRESS: Fancher Land Investments, LLC (Robert R. Fancher), P.O. Box 1245, Moses Lake, WA 98837	
HAS THE WATER BEEN PUT TO BENEFICIAL USE IN THE LAST FIVE (5) YEARS? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	

Please attach copies of any documentation that demonstrates consistent, historical use of water since the right was established. Also, if you have a water system plan or conservation plan, please include a copy with your application.

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APP. NO. _____ PERMIT NO. _____ CERT. NO. _____ CERT. OF CHANGE NO. _____

3. Point(s) of Diversion/Withdrawal:

A. Existing

SOURCE	NO.	¼	¼	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #
Well	1	SE	NE	13	20	27	161641003	

B. Proposed

SOURCE	NO.	¼	¼	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #
Three (3) proposed Wells locations tbd in the NWNW, NENW, SWNW, & SENW			nw	28	19	25	151810000	

DO YOU OWN THE EXISTING AND PROPOSED POINT(S) OF DIVERSION/WITHDRAWAL?
EXISTING: ☐ YES ☒ NO PROPOSED: ☒ YES ☐ NO – IF NO, PROVIDE OWNER(S) NAME: Existing is Fancher Land Investments, LLC (Robert R. Fancher)

Please include copies of all water well reports involved with this proposal. Also, if you know the distances from the nearest section corner to the above point(s) of diversion/withdrawal, please include that information in Item No. 6 (remarks) or as an attachment.

4. Purpose of Use:

A. Existing

PURPOSE OF USE	GPM or CFS	ACRE-FT/YR	PERIOD OF USE
Seasonal Irrigation	400.0	140.0	March thru October

B. Proposed

PURPOSE OF USE	GPM or CFS	ACRE-FT/YR	PERIOD OF USE
Seasonal Irrigation	400.0	140.0	March thru October

5. Place of Use:

A. Existing

LEGAL DESCRIPTION OF LANDS WHERE WATER IS PRESENTLY USED:
40 acres within the NE1/4NE1/4 portion of Sec. 13, T.20N., R27E., W.M.

¼	¼	SEC.	TWP.	RGE.	COUNTY	PARCEL #	# OF ACRES
NE	NE	13	20	27	Grant	161641000	40.0

DO YOU OWN ALL THE LANDS IN THE EXISTING PLACE OF USE? ☐ YES ☒ NO – IF NO, PROVIDE OWNER(S) NAME:
Fancher Land Investments, LLC (Robert R Fancher)

B. Proposed

LEGAL DESCRIPTION OF LANDS WHERE NEW USE IS PROPOSED:
40.0 acres within portions of the NW1/4NW1/4 and SW1/4NW1/4 Sec. 28, T.19N., R.25E., W.M.

¼	¼	SEC.	TWP.	RGE.	COUNTY	PARCEL #	# OF ACRES
	NW	28	19	25	GRANT	151810000	40.0

DO YOU OWN ALL THE LANDS IN THE PROPOSED PLACE OF USE? ☒ YES ☐ NO – IF NO, PROVIDE OWNER(S) NAME:

Attach a detailed map of your proposed change/transfer. The map should show existing and proposed point(s) of diversion/withdrawal, place of use and any other features involved with this application. If platted property, please include a certified copy of the plat map.

Are there any ADDITIONAL WATER rights OR CLAIMS RELATED to the same property as the ONE PROPOSED FOR CHANGE/TRANSFER?
☒ YES ☐ NO – IF YES, PROVIDE THE WATER RIGHT/CLAIM NUMBER(S): See Item 6. below

6. Remarks and Other Relevant Information:

I am in the process of purchasing QB-1400, Portion of 1401, 1402, 1404(A), & 1405 and will close if individual transfer requests are approved. All of the above mentioned permits will be used for the seasonal irrigation of land I own in the NW1/4 of Section 28, T19N., R25E., W.M

It is my intention to identify the location of the well(s) once they are installed.

IF FOR SEASONAL OR TEMPORARY, START DATE 3/1/ END DATE 9/31/

Certain applications may incur a Real Estate Excise Tax liability for the seller of the water rights. The Department of Revenue has requested notification of potential taxable water right related actions and therefore may be provided with a copy of this request.

Please contact the State Department of Revenue for further information. The phone number is (360) 570-3265. The address is: Department of Revenue, Real Estate Excise Tax, PO Box 47477, Olympia, WA 98504-7477.

7. Signatures:

I certify that the information above is true and accurate to the best of my knowledge. I understand that in order to process my application, I am hereby granting staff from the Department of Ecology or the County Conservancy Board access to the above site(s) for inspection and monitoring purposes. If assisted in the preparation of the above application, I understand that all responsibility for the accuracy of the information rests with me.

Blaine Hirai

(Applicant)

3/6/2013
(Date)

Fancher Land Investments, LLC

(Water Right Holder)

3/18/2013
(Date)

Fancher Land Investments, LLC

(Land Owner(s) of Existing Place of Use)

3/18/2013
(Date)

IMPORTANT! APPLICATION FILING INFORMATION IS PROVIDED ON THE NEXT PAGE.

WE ARE RETURNING YOUR APPLICATION FOR THE FOLLOWING REASON(S):

- ☐ APPLICATION FEE NOT ENCLOSED ☐ MAP NOT INCLUDED or INCOMPLETE
☐ ADDITIONAL SIGNATURES REQUIRED ☐ SECTION _____ IS INCOMPLETE
☐ OTHER/EXPLANATION: _____

STAFF: _____ DATE: ____/____/____